

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000016833 (1)

1. Corporation Name

BLIMPIE CHARLOTTE FLORIDA LEASING, INC.

Principal Place of Business

C/O UNITED CORPORATE SERVICES, INC.  
801 N.E. 167TH STREET, SUITE 300  
NORTH MIAMI BEACH FL 33162

Mailing Address

P.O. BOX 888287  
DUNWOODY GA 30356-0287  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1996

4. FEI Number

58-2234437

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1775 The Exchange

27 Suite, Apt. #, etc.

28 Atlanta, Georgia

29 30339 30 USA

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
801 N. E. 167TH STREET  
SUITE 300  
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SIEGEL, DAVID L  
STREET ADDRESS 740 BROADWAY  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE SD  
NAME LEANESS, CHARLES G  
STREET ADDRESS 740 BROADWAY  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE VPT  
NAME SITKOFF, ROBERT S  
STREET ADDRESS 1775 THE EXCHANGE, #600  
CITY-ST-ZIP ATLANTA GA

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VD  
12 NAME DAVID L. SIEGEL  
13 STREET ADDRESS 740 BROADWAY - 12th FLOOR  
14 CITY-ST-ZIP NEW YORK, NY 10003

☒ Change ☐ Addition

21 TITLE VSD  
22 NAME CHARLES G. LEANESS  
23 STREET ADDRESS 740 BROADWAY - 12th FLOOR  
24 CITY-ST-ZIP NEW YORK, NY 10003

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE P  
42 NAME JOSEPH MORGAN  
43 STREET ADDRESS 740 BROADWAY - 12th FLOOR  
44 CITY-ST-ZIP NEW YORK, NY 10003

☐ Change ☒ Addition

51 TITLE T  
52 NAME PATRICK POMPEO  
53 STREET ADDRESS 740 BROADWAY - 12th FLOOR  
54 CITY-ST-ZIP NEW YORK, NY 10003

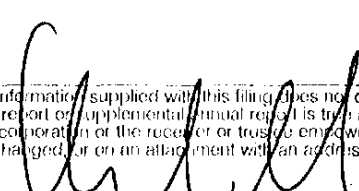
☐ Change ☒ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE



DAVID L. SIEGEL

2/23/98

(212) 673 5800

CF2E034 (10/97)